

Illinois HCBS Waivers Performance Overview Report for the Period of July 1, 2015 through June 30, 2016

		9/9/2016				7/1/15 to 9/30/15				10/1/15 to 12/31/15				1/1/16 to 3/31/16				4/1/16 to 6/30/16				YTD 7/1/15 to 6/30/16			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
Appendix A- Administrative Authority																									
1A	Number and percent of findings of noncompliance in the area of pre-admission screening & waiver enrollment with evidence of remediation within 90 days of discovery. N: Number of findings on pre-admission screening & waiver enrollment with evidence of remediation within 90 days of discovery. D: Number of findings in the areas of pre-admission screening & waiver enrollment where remediation was required. (Data Source 13B-14B)									100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
					0				0	1	0	5	6	1	2	4	7	2	2	9	13				
					0				0	1	0	5	6	1	2	4	7	2	2	9	13				
2A	Number and percent of actual spending for services where waiver enrollment, utilization & expenditures are less than or equal to estimates in the approved waiver. N: # of services where actual spending was less than or equal to estimates on the 372 report. D: Total # of spending estimates on the 372 report.					62.50%	75.00%	66.67%	66.67%									62.50%	75.00%	66.67%	66.67%				
					0	5	3	16	24				0				0	5	3	16	24				
					0	8	4	24	36				0				0	8	4	24	36				
3A	Number and percent of findings of noncompliance in the area of level of care with evidence of remediation within 90 days of identification of the problem. N: Number of findings on level of care determinations with evidence of remediation within 90 days of discovery. D: Total number of findings of noncompliance in the area of level of care. (Data source 11B-12B)					100.00%	100.00%	100.00%	100.00%									100.00%	100.00%	100.00%	100.00%				
					0	13	3	255	271				0				0	13	3	255	271				
					0	13	3	255	271				0				0	13	3	255	271				
4A	Number and percent of findings of noncompliance in the area of service plans with evidence of remediation within 90 days of discovery. N: Number of findings of noncompliance on service plans with evidence of remediation within 90 days of discovery. D: Total number of findings of noncompliance in the area of service plans. (Data source: 21-31D)	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
		12	0	63	75	75	100	94	269	74	39	93	206	81	23	29	133	242	162	279	683				
		12	0	63	75	75	100	94	269	74	39	93	206	81	23	29	133	242	162	279	683				

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5A	Number and percent of findings of noncompliance in the area of provider qualifications with evidence of remediation within 90 days of discovery. N: Number of findings on provider qualifications with evidence of remediation within 90 days of discovery. D: Total number of findings in the area of provider qualifications. (Data source: 15-20C)				0				0	0	0	9	9	0	0	0	0	0	0	9	9				
					0				0	0	0	9	9	0	0	0	0	0	0	0	9	9			
					0				0	0	0	9	9	0	0	0	0	0	0	0	9	9			
6A	Number and percent of findings of noncompliance in the area of Medicaid Waiver provider agreement on file with the MA with evidence of remediation within 60 days of discovery. N: Number of findings in the area of Waiver provider agreements on file with the MA with evidence of remediation within 60 days. D: Total number of findings in the area of Waiver provider agreements.													100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
					0				0				0	2,434	50	9,372	11,856	2,434	50	9,372	11,856				
					0				0				0	2,434	50	9,372	11,856	2,434	50	9,372	11,856				
7A	Number and percent of rate methodology changes approved by the MA and submitted for Public Notice prior to implementation by OA. N: Number of rate changes approved by the MA prior to implementation by the OA. D: Total number of rate methodology changes adopted.																	0	0	0	0				
					0				0				0	0	0	0	0	0	0	0	0				
					0				0				0	0	0	0	0	0	0	0	0				
8A	Number and percent of waiver program policies approved by the MA prior to OA dissemination and implementation. N: Number of waiver policies approved by the MA prior to dissemination. D: Total number of waiver policy changes implemented.																	0	0	0	0				
					0				0				0				0	0	0	0	0				
					0				0				0				0	0	0	0	0				
9A	Number and percent of findings of noncompliance in the area of requests for services subject to prior authorization with evidence of remediation within 90 days of discovery. N: Number of findings in the area of services subject to prior approval with evidence of remediation within 90 days of discovery. D: Total number of findings in the area of prior authorization of services.									100.00%		100.00%	100.00%					100.00%		100.00%	100.00%				
					0				0	15	0	138	153				0	15	0	138	153				
					0				0	15	0	138	153				0	15	0	138	153				

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10A	Number and percent of participant reviews conducted by the OA according to the sampling methodology specified in the approved waiver. N: Number of participant reviews conducted by the OA according to the sampling methodology in the waiver. D: Total number of participant reviews required according to the sampling methodology.	7.09%	3.90%	20.75%	12.94%	34.46%	63.64%	42.75%	43.65%	38.85%	32.47%	31.75%	34.35%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
		296	154	400	850	296	154	400	850	296	154	400	850	58	0	19	77	296	154	400	850				
Appendix B -Level of Care																									
11B	Number and percent of new waiver participants who had a level of care assessment indicating need for ICF/MR level of care prior to receipt of services. N: Number of new waiver participants with a LOC assessment indicating need for ICF/MR prior to receipt of services. D: All new waiver participants.					100.00%	100.00%	100.00%	100.00%									100.00%	100.00%	100.00%	100.00%				
					0	155	23	1,321	1,499				0				0	155	23	1,321	1,499				
					0	155	23	1,321	1,499				0				0	155	23	1,321	1,499				
12B	Number and percent of waiver participants where the participant was reassessed through the annual redetermination process of waiver eligibility within 12 months of their initial LOC evaluation or within 12 months of their last annual LOC re-evaluation. N: Re-assessments completed within 12 months. D: Total number of participants due for waiver re-assessment.					98.89%	98.74%	98.61%	98.63%									98.89%	98.74%	98.61%	98.63%				
					0	1,162	236	18,295	19,693				0				0	1,162	236	18,295	19,693				
					0	1,175	239	18,553	19,967				0				0	1,175	239	18,553	19,967				
13B	Number and percent of waiver participants' LOC initial determination/re-determination forms/instruments reviewed that are completed as required by the state. N: Number of LOC determinations/redeterminations completed as required by the state. D: Total number of LOC determinations reviewed.					100.00%		100.00%	100.00%	90.00%	100.00%	84.85%	86.96%	99.65%	98.68%	98.86%	99.11%	99.32%	98.70%	97.75%	98.47%				
					0	2		15	17	9	3	28	40	283	149	348	780	294	152	391	837				
					0	2		15	17	10	3	33	46	284	151	352	787	296	154	400	850				
14B	Number and percent of LOC determinations reviewed that were completed by a qualified evaluator. N: Number of LOC determinations that were completed by a qualified evaluator. D: Number of LOC determinations reviewed.					100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.65%	100.00%	99.72%	99.75%	99.66%	100.00%	99.75%	99.76%				
					0	2		15	17	10	3	33	46	283	151	351	785	295	154	399	848				
					0	2		15	17	10	3	33	46	284	151	352	787	296	154	400	850				

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Appendix C- Qualified Providers																									
15C	Number and percent of licensed or certified providers who meet initial licensure/certification standards. (Note: this covers licensed residential habilitation providers, certified day habilitation providers and licensed clinicians.) N: Number of newly enrolled licensed or certified providers who meet initial standards. D: Total number of newly enrolled licensed or certified providers.									100.00%	100.00%	100.00%	100.00%					100.00%	100.00%	100.00%	100.00%				
					0				0	11	1	62	74				0	11	1	62	74				
					0				0	11	1	62	74				0	11	1	62	74				
16C	Number and percent of licensed or certified providers who continue to meet licensure/certification standards on an ongoing basis. (Note: covers the same providers as listed above.) N: Number of licensed or certified providers who continue to meet standards. D: Total number of enrolled licensed or certified providers.									100.00%	100.00%	100.00%	100.00%					100.00%	100.00%	100.00%	100.00%				
					0				0	23	22	542	587				0	23	22	542	587				
					0				0	23	22	542	587				0	23	22	542	587				
17C	Number and percent of non-licensed/non-certified providers reviewed, by provider type, who met initial provider qualifications. (Note: Covers non-licensed behavioral therapists, transportation providers, supported employment providers, etc.) N: Number of non-licensed/non-certified providers who met initial qualifications. D: Total number of newly enrolled providers.									100.00%	100.00%	100.00%	100.00%					100.00%	100.00%	100.00%	100.00%				
					0				0	16	5	37	58				0	16	5	37	58				
					0				0	16	5	37	58				0	16	5	37	58				
18C	Number and percent of non-licensed/non-certified providers reviewed, by provider type, who continue to meet the waiver provider qualifications. (Note: Covers same providers as listed above.) N: Number of non-licensed/non-certified providers who continue to meet qualifications. D: Total number of enrolled non-licensed providers.									100.00%	100.00%	100.00%	100.00%					100.00%	100.00%	100.00%	100.00%				
					0				0	20	19	97	136				0	20	19	97	136				
					0				0	20	19	97	136				0	20	19	97	136				

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19C	Number and percent of independent personal support providers (domestic employees) screened by FEA vendors (on behalf of waiver participants who self-direct and exercise employer authority) who passed initial background and registry checks and thus were deemed eligible for hire. N: Number of domestic employees who passed initial checks. D: Total number of domestic employees hired.	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%				
		35		57	92	12		53	65	137		282	419	142		238	380	326		630	956				
		35		57	92	12		53	65	137		282	419	142		238	380	326		630	956				
20C	Number and percent of providers reviewed, by provider type, which meet waiver provider training requirements. N: Number of providers who met training requirements. D: Total number of providers subject to training requirements.									100.00%	100.00%	96.75%	97.58%					100.00%	100.00%	96.75%	97.58%				
					0				0	82	13	268	363				0	82	13	268	363				
					0				0	82	13	277	372				0	82	13	277	372				
Appendix D- Service Plan Development																									
21D	Number and percent of participant individual service plans (ISPs) reviewed that address all participant needs identified by the assessment. N: Participant service plans that addressed all identified needs. D: All sample ISPs reviewed.	95.24%	100.00%	77.11%	81.82%	97.06%	96.94%	90.64%	94.07%	95.65%	98.00%	94.49%	95.55%	94.83%		100.00%	96.10%	95.95%	97.40%	89.50%	93.18%				
		20	6	64	90	99	95	155	349	110	49	120	279	55	0	19	74	284	150	358	792				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
22D	Number and percent of satisfaction survey respondents sampled who report they receive services to address their needs. N: Number of respondents who reported they received services to address their needs. D: Total respondents sampled.									96.05%	94.44%	96.88%	96.03%	95.68%	87.76%	95.95%	94.71%	95.80%	89.55%	96.11%	95.05%				
					0				0	73	17	31	121	155	43	142	340	228	60	173	461				
					0				0	76	18	32	126	162	49	148	359	238	67	180	485				
23D	Number and percent of participants reviewed whose service plan have strategies to address all health and safety risks indicated in the assessment. N: Number of ISPs with strategies to address all identified health and safety risks. D: Total ISPs sampled with an assessed health and/or safety risk.	95.24%	100.00%	79.52%	83.64%	94.12%	96.94%	86.55%	91.37%	95.65%	96.00%	93.70%	94.86%	89.66%		100.00%	92.21%	93.92%	96.75%	88.00%	91.65%				
		20	6	66	92	96	95	148	339	110	48	119	277	52	0	19	71	278	149	352	779				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				

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24Da	Number and percent of ISPs whose contents were developed in accordance with state requirements (addressing all assessed needs, etc.). N: Number of ISPs whose contents were developed in accordance with state requirements. D: Total number of ISPs reviewed.	76.19%	100.00%	85.54%	84.55%	73.53%	74.49%	91.23%	81.94%	86.96%	76.00%	79.53%	81.85%	84.48%		100.00%	88.31%	81.08%	75.97%	86.75%	82.82%				
		16	6	71	93	75	73	156	304	100	38	101	239	49	0	19	68	240	117	347	704				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
24Db	Number and percent of ISP's where the ISP was approved by all required entities within the required time frame. N: Number of ISPs where the ISP was approved by all required entities within required time frame. D: Total number of ISPs reviewed.	66.67%	100.00%	79.52%	78.18%	68.63%	64.29%	84.21%	74.66%	80.00%	72.00%	74.02%	76.03%	62.07%		89.47%	68.83%	71.62%	68.18%	80.25%	75.06%				
		14	6	66	86	70	63	144	277	92	36	94	222	36	0	17	53	212	105	321	638				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
24Dc	Number and percent of ISPs where the ISP meeting occurred within 365 days of the previous ISP. N: Number of ISPs where the ISP meeting occurred within 365 days of the previous ISP. D: Total number of ISP's reviewed.	95.24%	100.00%	93.98%	94.55%	98.04%	83.67%	97.66%	94.07%	94.78%	92.00%	96.06%	94.86%	98.28%		100.00%	98.70%	96.62%	87.01%	96.50%	94.82%				
		20	6	78	104	100	82	167	349	109	46	122	277	57	0	19	76	286	134	386	806				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
25D	Number and percent of waiver participants reviewed whose Individual Service Plan (ISP) was updated at least annually or more often when their needs changed. N: Number of ISPs that were revised at least annually or more often based on a change in the participant's needs. D: All participants in the sample.	95.24%	100.00%	93.98%	94.55%	98.04%	83.67%	97.66%	94.07%	94.78%	92.00%	96.06%	94.86%	98.28%		100.00%	98.70%	96.62%	87.01%	96.50%	94.82%				
		20	6	78	104	100	82	167	349	109	46	122	277	57	0	19	76	286	134	386	806				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
26D	Number and percent of satisfaction survey respondents sampled who reported the receipt of all services listed in the service plan. N: Number of respondents who reported receipt of all services in their ISP. D: Total number of survey respondents.									90.79%	94.44%	96.88%	92.86%	95.06%	91.84%	97.30%	95.54%	93.70%	92.54%	97.22%	94.85%				
					0				0	69	17	31	117	154	45	144	343	223	62	175	460				
					0				0	76	18	32	126	162	49	148	359	238	67	180	485				

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27D	Number and percent of participants reviewed who received four quarterly visits from the ISC entity under contract with the OA to monitor that services are being delivered in accordance with the services in the plan of care. N: Number of participants who received 4 quarterly ISSA visits. D: Number of participants in sample.					100.00%		100.00%	100.00%	100.00%	100.00%	96.97%	97.83%	97.89%	98.01%	98.86%	98.35%	97.97%	98.05%	98.75%	98.35%				
				0		2		15	17	10	3	32	45	278	148	348	774	290	151	395	836				
				0		2		15	17	10	3	33	46	284	151	352	787	296	154	400	850				
28D	Number and percent of participants reviewed who received the services in the scope, amount, duration and frequency as specified in their individual service plan (ISP). N: Number of participants who received services as specified in their ISP. D: Number of participants reviewed in sample.	90.48%	100.00%	93.98%	93.64%	97.06%	97.96%	97.66%	97.57%	96.52%	100.00%	95.28%	96.58%	75.86%		100.00%	81.82%	92.23%	98.70%	96.25%	95.29%				
		19	6	78	103	99	96	167	362	111	50	121	282	44	0	19	63	273	152	385	810				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
29D	Number and percent of waiver participant records reviewed with an appropriately completed and signed freedom of choice form that specified choice was offered between waiver services and institutional care at the time of enrollment. N: Number of participant records reviewed with choice form. D: Number of records reviewed.					100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.94%	96.03%	96.88%	97.46%	98.99%	96.10%	97.25%	97.65%				
				0		2		15	17	10	3	33	46	281	145	341	767	293	148	389	830				
				0		2		15	17	10	3	33	46	284	151	352	787	296	154	400	850				
30D	Number and percent of records reviewed that document participants were informed at least annually of the right to choose their providers. N: Number of participant records reviewed that document participants were informed at least annually of the right to choose their providers. D: Number of sample records reviewed.					100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.65%	98.01%	100.00%	99.49%	99.66%	98.05%	100.00%	99.53%				
				0		2		15	17	10	3	33	46	283	148	352	783	295	151	400	846				
				0		2		15	17	10	3	33	46	284	151	352	787	296	154	400	850				
31D	Number and percent of participants reviewed who were offered choice between/among waiver services (for which there has been a determination of need). N: Number of participants reviewed who were offered choice of waiver services. D: Total number of participants reviewed.					100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.34%	99.43%	99.62%	100.00%	99.35%	99.50%	99.65%				
				0		2		15	17	10	3	33	46	284	150	350	784	296	153	398	847				
				0		2		15	17	10	3	33	46	284	151	352	787	296	154	400	850				

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		9/9/2016				7/1/15 to 9/30/15				10/1/15 to 12/31/15				1/1/16 to 3/31/16				4/1/16 to 6/30/16				YTD 7/1/15 to 6/30/16			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
Appendix G-Health & Welfare/Participant Safeguards																									
32G	Number and percent of participant records reviewed that documented the participant (and/or guardian) received information/education about how to report abuse, neglect, exploitation and other critical incidents as specified in the approved waiver. N: Number of records where participant received information on how to report abuse/neglect. D: Number of participants in the sample.					100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.65%	98.01%	100.00%	99.49%	99.66%	98.05%	100.00%	99.53%				
				0		2		15	17	10	3	33	46	283	148	352	783	295	151	400	846				
				0		2		15	17	10	3	33	46	284	151	352	787	296	154	400	850				
33G	Number and percent of participants reviewed for whom critical incidents were identified and appropriate measures taken by the provider. N: Number of participants reviewed with at least one critical incident reported where the provider took appropriate measures. D: Number of participants identified in the sample with at least one critical incident.	100.00%	100.00%	98.80%	99.09%	100.00%	98.98%	100.00%	99.73%	100.00%	98.00%	100.00%	99.66%	100.00%		100.00%	100.00%	100.00%	98.70%	99.75%	99.65%				
		21	6	82	109	102	97	171	370	115	49	127	291	58	0	19	77	296	152	399	847				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
34G	Number and percent of participants reviewed who received the coordination and support to access health care services identified in their service plan. N: Number of participants reviewed who received support to access healthcare services. D: Number of participants in the sample with health care services identified in their ISP.	100.00%	100.00%	96.39%	97.27%	100.00%	98.98%	98.25%	98.92%	94.78%	96.00%	99.21%	96.92%	98.28%		100.00%	98.70%	97.64%	98.05%	98.25%	98.00%				
		21	6	80	107	102	97	168	367	109	48	126	283	57	0	19	76	289	151	393	833				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
35G	The number and percent of reportable deaths that were reported within the required timelines. N: Number of reportable deaths reported within required timelines. D: All reportable deaths.							98.64%	98.64%											98.64%	98.64%				
								145	145				0				0			145	145				
								147	147				0				0			147	147				

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		9/9/2016				7/1/15 to 9/30/15				10/1/15 to 12/31/15				1/1/16 to 3/31/16				4/1/16 to 6/30/16				YTD 7/1/15 to 6/30/16			
PM #	Waiver Performance Measures	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW	CRW	Adult Waiver	Quarterly Average All Waivers	CSW YTD	CRW YTD	ADULT YTD	YTD All Waiver Average				
36G	The number and percent of participants reviewed with identified restrictive interventions where procedures were followed as specified in the approved waiver. N: Number of restrictive interventions that followed required procedures. D: Number of participants identified in the sample with at least one restrictive intervention.	100.00%	100.00%	91.57%	93.64%	100.00%	95.92%	94.74%	96.50%	100.00%	94.00%	88.98%	94.18%	100.00%		63.16%	90.91%	100.00%	95.45%	90.75%	94.82%				
		21	6	76	103	102	94	162	358	115	47	113	275	58	0	12	70	296	147	363	806				
		21	6	83	110	102	98	171	371	115	50	127	292	58	0	19	77	296	154	400	850				
37G	In response to OIG substantiated abuse, neglect or financial exploitation investigations, the number and percent of written responses received from the provider and approved by the OA within 60 calendar days of completion of OIG investigation report. N: Number of written responses approved by the OA within required time frames. D: Total number of substantiated investigations.			81.91%	81.91%			90.12%	90.12%			88.73%	88.73%			85.88%	85.88%			86.40%	86.40%				
				77	77			73	73			63	63			73	73			286	286				
				94	94			81	81			71	71			85	85			331	331				
Assurance 6 Financial Accountability																									
38I	Number and percent of waiver claims reviewed that were submitted using the correct rate as specified in the waiver application. N: Number of claims with correct rate. D: All claims in representative sample.	100.00%	100.00%	100.00%	100.00%													100.00%	100.00%	100.00%	100.00%				
		384	383	385	1,152				0				0				0	384	383	385	1,152				
		384	383	385	1,152				0				0				0	384	383	385	1,152				
39I	Number and percent of waiver service claims that were submitted for participants who were Medicaid waiver eligible on the date that the service was delivered. N: Number of claims submitted for participants who were Medicaid eligible on the date the service was provided. D: All claims.	99.93%	100.00%	99.97%	99.97%													99.93%	100.00%	99.97%	99.97%				
		288,839	90,401	8,726,921	9,106,161				0				0				0	288,839	90,401	8,726,921	9,106,161				
		289,032	90,401	8,729,830	9,109,263				0				0				0	289,032	90,401	8,729,830	9,109,263				

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40I	Number and percent of reviewed waiver service claims submitted for FFP that are specified in the participant's service plan. N: Number of claims reviewed that were specified in the ISP. D: Number of claims sampled.					100.00%	100.00%	99.22%	99.74%									100.00%	100.00%	99.22%	99.74%				
				0		384	383	382	1,149				0				0	384	383	382	1,149				
				0		384	383	385	1,152				0				0	384	383	385	1,152				

CSW= Children's Support Waiver
 CRW= Children's Residential Waiver

*The following performance measures (PM's) required a 100% review: 1A, 2A, 3A, 4A, 5A, 6A, 7A, 8A, 9A, 10A, 11B, 12B, 15C, 16C, 17C, 18C, 19C, 20C, 35G, 37G, 39I

**The following PM's required a less than 100% review based on participants with a representative sample size of 400 for the AW, 297 for the CSW, and 153 for the CRW: 13B, 14B, 21D, 22D, 23D, 24D, 25D, 26D, 27D, 28D, 29D, 30D, 31D, 32G, 33G, 34G, 36G

***The following PM required a less than 100% review based on claims with a representative sample size of 385 for the AW, 384 for the CSW, and 383 for the CRW: 38I, 40I